

THE CONTRIBUTION OF UROGYNECOLOGICAL PHYSIOTHERAPY FOR DAILY LIFE OF PATIENTS WITH URINARY INCONTINENCE

Hypothesis / aims of study

The aim of this study was to evaluate the contribution of urogynecological physiotherapy in daily life of patients with urinary incontinence (UI).

Study design, materials and methods

Retrospective cross-sectional study records of 128 patients referred to the urogynecological Physiotherapy the HFSRJ were analyzed with medical diagnosis of UI in the years 2010-2013. These patients were evaluated and treated by physiotherapists specialize in urogynecology. The following information pre and post treatment were collected: International Consultation on Incontinence Questionnaire - Short Form (ICIQ - SF) , amount of daily protectors , strength of pelvic floor muscles (PFMs) , measured by the functional evaluation of the pelvic floor. In addition , gender , age , type of UI , intervention performed , amount , duration and frequency of weekly sessions . For data analysis we used Student's t test for paired samples , with significance level of 0.05 .

Results

The 128 patients were aged 64.5 ± 8.6 years, 99 men and 29 women . The UI been found effort (6%) , urgency (4 %) , mixed (12%) after radical prostatectomy (77%) and transurethral resection (1%). The parameters electrical stimulation were 65Hz/500 μ s/20min until 10Hz/250 μ s/20min ; Pelvic floor training were performed as 2 sets of 5 repetitions of maximal voluntary contractions with 6 seconds of rest between each in lateral decubitus (DL) with his finger in the anal canal 3 sets of 8 reps with sustained contraction for 4 seconds and 4 seconds of rest between each in DL , sitting , bridge, and standing / crouching , home exercises : working time and rest according to the degree of strength of each patient evaluated by the functional evaluation of the pelvic floor, but all were instructed to perform side-lying and / or sitting for 5 min , 3 to 5 times a week, and biofeedback : according to the degree of strength of each patient assessed by functional evaluation of the pelvic floor , lasting 5 min. Interventions were performed both individually and combined , varying with the clinical picture . The number of sessions was 20.5 ± 11.3 , lasting about 30 min and weekly frequency equal to twice.

Table 1. Results of the ICIQ-SF de 128 patients do HFSRJ in the period de 2010 a 2013

	Q3	Q4	Q5	Score ICIQ
Pré	4,1 \pm 0,7	4,5 \pm 1,2	8,9 \pm 1,9	17,5 \pm 2,8
Pós	1,4 \pm 1,5	1,5 \pm 1,6	1,7 \pm 2,7	4,5 \pm 5,4
t	15,7	15,99	26,38	25,7
P	0,0001	0,0001	0,0001	0,0001

Question 3 (Q3) = How often do you lose urine? (0 = never, 5 = all the time, interval = 1)

Question 4 (Q4) = We would like to know the amount of urine you think loses? (0 = none, 6 = A great deal; interval = 2)

Question 5 (Q5) = In general as to lose urine interfere with your everyday life? (Scale of 0 to 10 where 0 = not interfere and 10 = very interferes, interval = 1) Score ICIQ – SF = P3 + P4 + P5; interval = 1

In question 6 of the ICIQ-SF "moments which the patient loses urine in your daily life?", Most of the respondents (n = 90) reported losing urine while coughing or sneezing. After treatment, the majority (n = 93) indicated the option never lose.

The amount of panty shields significantly decreased from 3.1 ± 1.7 to 0.8 ± 1.1 (t = 16.7 , P = 0.0001). The strength of MAP has increased significantly from 2.1 ± 0.9 to 3.8 ± 0.8 (t = -26.6 , P = 0.0001). The ICIQ – SF score decreased significantly from 17.5 ± 2.8 to 4.5 ± 5.4 (t = 25.7, P = 0.0001).

Interpretation of results

The urogynecological physiotherapy contributed com a significant reduction in the impact of urinary incontinence on the daily life of these patients after physiotherapy. This can be seen by comparing the ICIQ - SF questionnaire, applied to patients before and after physiotherapy intervention . This assessment instrument recorded significant decrease in the following parameters : as the frequency of urinary incontinence (Q3) from 4.1 ± 0.7 to 1.4 ± 1.5 , the amount of urine that the patient thought lost (Q4) 4.5 ± 1.2 to 1.5 ± 1.6 ; interference caused by urinary loss (Q5) of 8.9 ± 1.9 to 1.7 ± 2.7 and especially at the end ICIQ - SF score of 17.5 ± 2.8 to 4.5 ± 5.4 (Table 1). Have a question that assessed Q6 which time the patient lost urine in your daily life showed that the majority of respondents (n = 90) reported losing urine while coughing or sneezing, after treatment the majority (n=93) checked box never lose.

As the amount of shields used daily , a significant reduction in their use after physiotherapy, from 3.1 ± 1.7 to 0.8 ± 1.1 (t = 16.7 , P = 0.0001) and MAPs virtue of a significant increase of 2.1 ± 0.9 to 3.8 ± 0.8 (t = -26.6 , p = 0.0001).

The UI has a major impact on health and quality of life individual (1 , 2) . Treatment can not cure it , but improve it , preventing complications and contributing positively in your daily life (2 , 3) . This study showed how large urinary loss suffered by these patients and how this interfered negatively in their lives . With physiotherapy, performed for the significant decrease of the UI, with increasing strength of MAPs and thus reduce the impact of UI on daily life of these people occurred .

Concluding message

The urogynecological physiotherapy to be of great contribution to the daily life of patients with UI , it enabled the increased strength of the pelvic floor muscles , with consequent reduction of stress urinary incontinence and use of panty shields , significantly reducing the impact of UI on life daily these patients.

References

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Disclosures

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